

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/601905** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3	2		1				53				
4	4		1				54				
5	4		1				55				
6	1		1				56				
7	1		1				57				
8		1		1			58				
9	2		1				59				
10	2		1				60				
11	1		1				61				
12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
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23							73				
24							74				
25							75				
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36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			2				TOTAL IND.				
TOTAL DEP.			1				TOTAL DEP.				
TOTAL CLAIMS			11				TOTAL CLAIMS				